

PLANT PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.		1760-290		
		First Inventor		Don L. KEIM		
		Title	Cotton Cultivar 01X99R			
		Express Mail Label No.		EV194472256US		
ASSIGNEE: D&PL Technology Holding Corporation Scott, Mississippi						
ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA. 22313-1450						
APPLICATION ELEMENTS			ACCOMPANYING APPLICATION PARTS			
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification Total pages [35] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention (with Plants name) - Cross references to Related Applications - Statement Regarding Fed sponsored R&D - Latin name of genus and species - Variety denomination - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings - Detailed Botanical Description - Claim (only one (1) permitted MPEP 1605) - Abstract of the Disclosure 4. <input type="checkbox"/> Color Drawing(s) (Total Sheets) [] (2 copies required - 37 CFR 1.165(b)) 5. <input checked="" type="checkbox"/> Oath or Declaration (Total Pages) [1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) i <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input checked="" type="checkbox"/> Application Data Sheet.			7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> [] Power of Attorney 9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 10. <input type="checkbox"/> Information Disclosure Statement /PTO 1449 [] Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 13. <input type="checkbox"/> Certified Copy of Priority Document(s). <i>(if foreign priority is claimed)</i> 14. <input type="checkbox"/> Request and Certification under 35 USC 122(b)(2)(B)(i) 15. <input checked="" type="checkbox"/> Other: Certificate of Express Mailing by Label EV1974472256US Note: Please state the Latin name and variety denomination of the plant claimed in a separate section of the specification.			
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No.: Prior application information: Examiner _____ Group Art Unit _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
17. CORRESPONDENCE ADDRESS						
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 32905						
Address		Jondle & Associates P.C. Suite 200, 9085 East Mineral Circle				
City	Centennial	State	CO	Zip Code	80112	
Country	U.S.A.	Telephone	303-799-6444	Fax	303-799-6898	
Name		Robert J. Jondle, Reg. No. 33,915				
Signature				Date September 08, 2003		

09/08/03
16805 U.S. PRO

**FEE TRANSMITTAL
for FY 2003
(Large Entity)**

Complete if Known

Application Number	10/
Filing Date	
First Named Inventor	Don L. KEIM
Examiner Name	N/A
Group Art Unit	

Total Amount of Payment	\$874.00	Attorney Docket Number	1760-290
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METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge additional fees and credit any overpayment to Deposit Account Number 50-2368 in the name of Jondle & Associates P.C.
- ☒ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status
2. ☒ Payment Enclosed
- ☒ Check
- ☐ Credit Card

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Fee Paid	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	[]
1052	50	Surcharge - late provisional filing fee or cover sheet	[]
1053	130	Non-English specification	[]
1812	2,520	For filing a request for reexamination	[]
1804	920	Requesting publication of SIR prior to Examiner action	[]
1805	1,840*	Requesting publication of SIR after Examiner action	[]
1251	110	Extension for reply within first month	[]
1252	410	Extension for reply within second month	[]
1253	930	Extension for reply within third month	[]
1254	1,450	Extension for reply within fourth month	[]
1255	1,970	Extension for reply within fifth month	[]
1401	320	Notice of Appeal	[]
1402	320	Filing a brief in support of an appeal	[]
1403	280	Request for Oral Hearing	[]
1451	1,510	Petition to institute a public use proceeding	[]
1452	110	Petition to revive -unavoidable	[]
1453	1,300	Petition to revive - unintentional	[]
1501	1,300	Utility issue fee (or reissue)	[]
1502	470	Design issue fee	[]
1503	630	Plant issue fee	[]
1460	130	Petitions to the Commissioner	[]
1807	50	Processing fee under 37 CFR 1.17(q)	[]
1806	180	Submission of Information Disclosure Statement	[]
8021	40	Recording each patent assignment per property (times number of properties)	[40]
1809	750	Filing a submission after final rejection (37 CFR .129(a))	[]
1810	750	For each additional invention to be examined (37 CFR 1.129(b))	[]
1801	750	Request for Continued Examination (RCE)	[]
1802	900	Request for expedited examination of a design application	[]
1504	300	Publication fee for early, voluntary, or normal publication	[]
1505	300	Publication fee for republication	[]
1455	200	Filing application for patent term adjustment	[]
1456	400	Request for reinstatement of term reduced	[]
1814	110	Statutory Disclaimer	[]
		Other fee (specify)	[]

* Reduced by Basic Filing Fee Paid

SUBTOTAL \$40.00

FEE CALCULATION

1. FILING FEE

Fee Code	Fee \$	Fee Description	Fee Paid
1001	750	Utility filing fee	[750.00]
1002	330	Design Filing Fee	[]
1003	520	Plant Filing Fee	[]
1004	750	Reissue Filing Fee	[]
1005	160	Provisional Filing Fee	[]


SUBTOTAL \$

2. CLAIMS

	Extra Claims	Fee	Fee
Paid			
Total Claims	[] - 20** = [] x	\$18 =	[]
Independent Claims	[4] - 3** = [1] x	84 =	[84]
Multiple Dependent Claims	+	280 =	[]

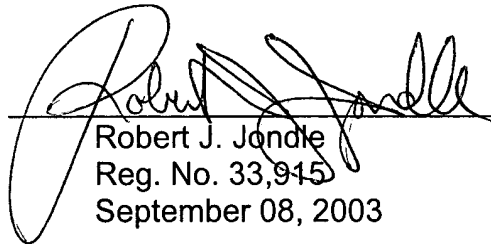
**or number previously paid, if greater;

SUBTOTAL \$84.00

SUBMITTED BY		Complete (if applicable)	
NAME AND REG. NUMBER	Robert J. Jondle, Reg. No. 33,915		
SIGNATURE		DATE	September 08, 2003
		DEPOSIT ACCOUNT USER ID	

Certificate of Mailing by Express Mail

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail (post office to addressee) in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this 08th day of September 2003. The number of the Express Mail mailing label is EV194472256US.



Robert J. Jondle
Reg. No. 33,915
September 08, 2003